

United States District Court
District of New Hampshire

U.S. DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE
CLERK'S OFFICE

2014 FEB 24 PM 10:51

Timmie G Fair # 44316
Plaintiff

Department of Corrections v.
New Hampshire State Prison
MEDICAL Dept. / DOC
Defendant(s)

Civil Action No. 14-tp-83
(To be provided by Clerk's Office)

TO BE COMPLETED BY PLAINTIFF
(Check One Only)
☒ DEMAND FOR JURY TRIAL
☐ NO JURY TRIAL DEMAND

COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C § 1983

I. Parties

A. Please provide the following information for each plaintiff:

1. Name Fair Timmie G
(Last) (First) (Initial)

2. Place of Detention New Hampshire State Prison for men

3. Institutional Address Po Box 14
Concord NH 03302

4. Are you incarcerated pursuant to a pretrial detention order or are you a sentenced inmate?

☐ Pretrial Detention Order
☒ Sentenced Inmate PV with New Charges

5. Date pretrial detention order was issued or sentence imposed 12-12-13 Parole Violation

B. Please provide the full name, current title and address known for each defendant:

1. Name _____
(Last) (First) (Initial)
2. Title NH State Prison Foreman Department of Corrections
3. Address Po Box 14 Concord NH 03302
- _____

(If the complaint is being made against more than one defendant, please attach additional sheets listing the above information and allegations as follows.)

II. Statement of Claim

For each claim, please include the following information on attached sheets:

1. State which of your federal constitutional or federal statutory rights have been violated.
2. State which defendant(s) have violated that particular right for each allegation.
3. State, with specificity, the facts and circumstances that gave rise to the violations or deprivations alleged.
4. State the harm or damage that resulted from the alleged violation or deprivation.

Allegation 1: See Attached Statement of Claim

Supporting Facts:

//

11

Allegation 2: See Attached Statement of Claim

Supporting Facts:

//

//

Allegation 3: _____

Supporting Facts: _____

(If more space is needed to explain any allegation or to list additional facts, attach additional pages)

III. Relief money for mental Health Counseling
Pain and Suffering reimbursement money - Actions to be
taken on staff of the Department of corrections

You must request specific relief in your Complaint. State briefly exactly what you want the court to do for you (attach additional pages if necessary):

Date: 2-12-14

[Signature]

Signature of Plaintiff

State of New Hampshire]
County of Merrimack] ss

I Timmie Fair, being first duly sworn, upon oath, presents that (s)he has read and subscribed to the foregoing complaint, and states that the information contained therein is true and correct.

Subscribed and sworn before me this 12th day of February, 2014..

Sara J. White
Notary Public/Justice of the Peace



OR

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

2-12-14
DATE

[Signature]
SIGNATURE

JURY TRIAL DEMAND

I demand a jury trial for all claims for which a jury trial is allowed.

YES ☒ NO ☐
(check one only)

Date: 2-12-14

[Signature]
Signature of Plaintiff

Statement of Claim

Allegations 1: Department of Corrections / NH State prison for MEN / Health Services Center Did not provide Me Timmie Fair With proper medicine attention

Supporting Facts: I Timmie Fair was arrested for a parole violation on 12/12/13. I had a deep laceration on my right hand on my pinky. I was finally taken to a Doctor at Dartmouth Hitchcock Clinic in Concord to get my hand checked out. Doctors orders were to have health service center in NH State prison cast my hand with a cast that can be removed to shower. Medicine was suppose to soak my hand daily in sterile water and Anti Bacterial Soap and peroxide it, then replace the cast. I was also suppose to be orderd Anti-Biotics. Medicine staff failed to follow orders and to date my hand is still not healed the date is 2-10-14 See Attached Forms Chain of Events. The State caused mental and physical problems

Allegations 2: Department of Corrections / NH State prison for men Failed to move some inmate Zachary Jabour Seperate from me After this inmate performed Lewd and Lascivious Acts, Sexual Harrased / Harrased me.

Supporting Facts: I woke up to inmate Zachary Jabour masturbation on my bed Looking at me. I Spoke to C/O Williams and told him the incident he said he would have to speak to the Officer in Charge who At

Statement of Claim

time was Corporal Desevate! She then came to my Door Cell E5 in the Secured Housing Unit at New Hampshire State Prison for men in Concord NH And asked me IF I could wait until the following Day I Stated I could not because I felt like it could happen again or even worse. I was already Mentally Disturbed over the Incident and felt Violent. Cpl. Desevate! then moved him 1 cell over to E-4. A couple Days later he started Harrasing me Saying he was going to call my mom Find her and Kill her have Sex with her Dead Body and Cum inside her. I have Survined Mental Issues Such AS post traumatic Stress disorder, ADD/ADHD and Anxiety Disorders. I then Blacked out and punched the wall. They should ^{↑ moved} him off the Her or me off the Her After the Incident. They did not and with in turn Caused Traumatic ^{mental} and physical problems. See other Forms Chain of Events.

Page 1 Chain of Events

- 12-12-13 I was Arrested for a parole violation. As of that Date I've had a lot of Issues with medical Staff while Being Incarcerated. I have a Deep gash on my Right Hand on my pinky Knuckle, It is very painful and restricts me to do lots of stuff I normally do. And it's in a spot that's hard to heal because I use my right hand for everything.
- 12-31-13 On this Date I was taken to the Dartmouth Hitchcock Medical Clinic in Concord, NH where I saw Doctor About my hand Injury. His orders for my hand recovery to be as follows. Health Service Center in Concord State Prison to Cast my hand, one that I can remove to shower. Medical was supposed to Soak my hand Daily in Sterile water and antibacterial Soap and peroxide. At the time being I lived on E-Her in SHU and the Nurses do Sick call Everyday around 3:30 pm. And they were not treating my hand at all. As of now I have hardly any feeling in my hand and it hurts more and more Everyday. As I said I can't take my mind off it and it's driving me crazy.
- 1-7-14 On this Date in Cell E-5 My roommate Zachery Adam Jabour was sitting on the edge of my Bed masturbating doing lewd and Lascivious acts while I was sleeping. I woke up to him Staring at me while he was sitting on the edge of my Bed. masturbating. I told him to pack his stuff because

Page 2 Chain of Events

that weilded me out and I felt Violated and was Sexually harressed. When Officer Williams Came by around 9:00 pm I told him what happend and he Stated that he would talk to the "OIC" who was Cpl. Desautel. She then Came to my Door with officer Williams and asked me if I could wait until Morning. I told her I was Violated and I felt like I was going to hurt the Inmate because I felt like it could happen again my mind was racing. Cpl. Desautel then moved him to Cell E-4 Right next Door to me. With Inmate ^{Damir} ~~Damir~~ Gadoch.

A Couple of Days go by and Zachary Tabour Starts Harassing me. and He has plead true of doing this two investigation Here in NH State prison for men in Concord ^{NH} ~~NH~~.

1-9-14 Zachary Tabour On 1/9/14 Started Yelling From the cell they moved him to E-4. He was Saying he was going to Call my Mother and Fuck her and Fill her up with Cum, and Kill her and have Sex with her Dead Body. Me being Harressed made my PTSD over react and I blacked out and punched the wall. I Flipped out and was extracted and moved to I-tier in SHU. There Are Cameras on I-tier So you can See that the Nurses only took me out a couple of times. to look at my hand.

1-22-14 I was moved to I-tier in SHU Away from Zachary Tabour. My hand is now messed up Even more From me blacking out and hitting the wall. The Date is 2/10/14 and my hand is Still not healed.

TF

INMATE REQUEST SLIP

JAN 28 2014

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 1-24-14

FROM:

Fair

Timmie

George

ID #: 44316

Last Name

First Name

Middle Initial

UHSP

SHU

I-5

X

Facility

Housing Unit

Cell

Work/Shift

INMATE REQUEST: I am writing to you so that you Security staff and medical staff has put me in so much pain and suffering for the past year on month now and they just keep on makin it worst the Gash on Top of right Hand on my last pinky Nailed is peeled Back and it will now never be the same or put Back as the same I've been scared and wondering why your staff as of Care of me for medical treatment, not taking me to the Hospital on the day of 1-9-14 of 1200 that a Guard Because of a inmate SL. OK and I Ended up flipping out punchin the wall lost a lot of Blood then the Sgt team came and Cuffed me up Brouting out thro the Medical Room by Cpt. Officer Nurse Pined came looked at it, and said he is fine until the R.N Nurse came and does sick call at that Day or night was put nurse OK He even said it was Bad and Hopefully they should take you out after the Xray! Never did SL Because of the first cut I already had was not done to well as of medical staff here and I still have pencil class inside of my Hand - and now my Nailed is really Badly cut Back and when the

(If you need more space, use plain paper.) wrong way was not probly worked

on so now it is injured and lost of Cut Inmate Signature

TO: Commissioner

in side of Hand Herts

DATE: 1-24-14 TF

FROM: Unit Supervisor, Security Lieutenant or CC/CM to suffer and not get the right help on

REMARKS:

all the time. If you could let me know why I had
Thank you! that would be helpful
please take action of your
lack of staff please...

Staff Signature

FROM:

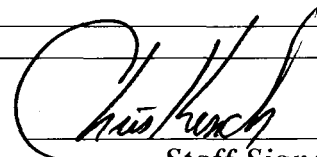
Chris Kunch, Officer of the Commissioner

Staff Member Name/Office

DATE: 1/30/14

REMARKS:

We are confident in and support the care
provided by our medical staff.



Staff Signature

Received By

True & Fair TF
Inmate Signature

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. **RECEIVED**
 Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person.
 Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

FROM: Fair Timmie George **WARDEN'S OFFICE 316**
 Last Name First Name Middle Initial
NHSP SHUSHU E-5
 Facility Housing Unit Cell Work/Shift

INMATE REQUEST: Hi, SR I would like to speak with you asap please, of my concerns of a huge rash on top of my right hand on my pinky. Medical is pushed back pretty badly and I've been scared and suffering pain and I had my girl friend call no one let her talk to you the staff told me that I could not speak with you and I asked to speak with you and it is not happening they said ok not right could you please come speak and look at this at my hand is really bad because of lack of medical treatment please. Could you help me out with this issue, please.

Thank you

(If you need more space, use plain paper.)

Inmate Signature

TO: WardenDATE: 1-18-14

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

Staff Signature

FROM: WARDEN GERRY
Staff Member Name/OfficeDATE: 1/22/14

REMARKS: You need to address the "rash on top of your right hand" with medical staff. There is no need for me to meet with you on an issue that is clearly a medical matter.

Staff Signature

Received By

Inmate Signature

TF

INMATE REQUEST SLIP

FEB 10 2014

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 2-9-14

FROM: Fair Timmie G
 Last Name First Name Middle Initial
 NHSP SHU I-5
 Facility Housing Unit Cell Work/Shift

ID #: 44316

INMATE REQUEST: The reason I am writing is I would like to see the doctor about getting my medications increased for the middle of the day I am struggling. The last time I spoke to the mental health doctor he recommended me getting my wellbutrin back for my ADD. I am also struggling alot with my ADD and PTSD around the middle of the day. could you please help me with this.

Thanks for your time

(If you need more space, use plain paper.)

TO: MENTAL HEALTH-Dr Potenza

Inmate Signature

DATE: 2-9-14

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS: Kurl

Staff Signature

FROM: C. M. Kurl

Staff Member Name/Office

DATE: 2/11/14

REMARKS: I will review your chart & discuss with you when I see you

Staff Signature

(Copy of PTSD MD)

Received By

Inmate Signature

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 2-10-14

FROM:

Fair

Timmie

Gc

ID #:

44316

Last Name

First Name

Middle Initial

NHSP

SHU

I-5

X

Facility

Housing Unit

Cell

Work/Shift

INMATE REQUEST: I need a court paper notarized please, as soon as you can of Reason Court asked me to send it back asap thanks,

Thank you
very much

(If you need more space, use plain paper.)

TO:

CC/CM Whitling

Inmate Signature

DATE: 2-10-14

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

Fair

51

Staff Signature

FROM:

CC/CM White

Staff Member Name/Office

DATE:

2/12/14

REMARKS:

Mr. Fair,

notarized today 2/12/14

Staff Signature

Received By

Inmate Signature TF

page (1) Statement of Mental Health
"Medication"

2011 FEB 20 P 12:50
 I Timmie G Fair take medication for my PTSD,
 ADD/ADHD/ANXIETY Disorder. for my
 mental and physical problems... AS of
 "post traumatic stress disorder", and other issues
 that have concern me in my past.??

If Need more
"INFO"
 will Be willing to
 try my Best to Have someone talk
 to me about it in person.
 Thank you.

DIB 5-3-83

Sec/002-80-1814

TIMMIE GEORGE FAIR # 44316

Family & June 2016
"MEDICATION" INFO

GABAPENTIN-TAB 600mg

MERTAZAPINE-TAB 15mg

VENLAFAXINE HCLER-75mg

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Timmie George Fair #44316

(b) County of Residence of First Listed Plaintiff

Merrimack

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

Dont have one yet

DEFENDANTSNH State Prison
Department of Corrections/Medical Dept.

County of Residence of First Listed Defendant

Merrimack

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

N/A

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
☐ 2 U.S. Government Defendant
☐ 3 Federal Question (U.S. Government Not a Party)
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- Citizen of This State ☒ PTF 1 ☒ DEF 1 Incorporated or Principal Place of Business In This State ☐ PTF 4 ☒ DEF 4
Citizen of Another State ☐ 2 ☐ 2 Incorporated and Principal Place of Business In Another State ☐ 5 ☐ 5
Citizen or Subject of a Foreign Country ☐ 3 ☐ 3 Foreign Nation ☐ 6 ☐ 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input checked="" type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (Specify) ☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

VII. REQUESTED IN COMPLAINT:☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No**VIII. RELATED CASE(S) IF ANY**

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE